STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676426	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - Fort W	4240 Golden Triangle Boulevard Keller, TX 76244

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to allow a resident to remain in the facility when a resident exercises his or her right to appeal a transfer or discharge notice from the facility while the appeal is pending for 1 (Resident # 1) of 3 residents. The facility refused to allow Resident #1 to remain in the facility after her discharge date of 06/19/26 when they were notified on 06/15/26 that an appeal had been filed on her behalf. This failure could place residents at risk of not getting the opportunity to remain in a familiar homelike environment, getting the care and services required. Findings included: Record review of Resident #1's Discharge MDS assessment dated [DATE], revealed she was a [AGE] year-old female who was admitted to the facility on [DATE], and discharged on 06/19/26. Resident #1 had diagnoses that included: Diabetes Mellitus (high blood sugar), Morbid Obesity (overweight), Cerebral Infarction (stroke), Dysphagia (motor speech disorder), Muscle Wasting and Atrophy (loss of muscle mass and strength), Unspecified Sequelae of Cerebral Infarction (a range of long-term effects and complications that can significantly impact daily life requiring ongoing rehabilitation and support). Resident #1 had a BIMS score of 15, indicating her cognition was intact. Resident #1 required setup with eating and substantial/maximal assistance with oral hygiene, upper body dressing, personal hygiene, roll left and right, sit to lying and lying to sitting. Resident #1 had not completed walking. Record review of resident roster dated 06/30/26 revealed Resident #1 was not residing in the facility. Record review of Resident #1's discharge notice dated 05/20/26 reflected the following: Dear [Resident #1], It is with regret that we inform you of our need to discharge you from [Facility Name] no later than June 19, 2026, which is thirty (30) days from the above date. The decision to suggest alternate placement is based on your failure to pay the for your stay at the facility, following reasonable and appropriate notice of your payment obligations and the amount of said balance. Accordingly, we are exercising our option to discharge you to the address referenced above or address of your choice in accordance with the terms and provisions of 42 CFR Section 483.15(c)(1) and Texas Administrative Code, Chapter 19, Subchapter F, Rule S19.502: (5) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Should you identify alternative placement in advance of June 19, 2026, we will be happy to accommodate an earlier transfer. Otherwise, we plan to transfer [Resident #1] to an accepting facility on or before June 19, 2026. A facility discharge care plan meeting is scheduled for Wednesday May 27, 2026@ 2:30 p.m. for location discussion. Please plan to attend. Please be advised that you have the right to appeal our decision to discharge to file a discharge appeal, fax the request to [phone number] and/or email it to [email]. If you have any other questions related to your transfer out of the Facility; contact information for the Ombudsman is as follows. Record review of Discharge Summary and Post-Discharge Plan of Care dated 06/19/26 revealed:Reason for admission: Custodial/Long-term Care ServicesTreatment Provided: Skilled Nursing - medication management, nursing assessments, monitoring conditions, assistance with activities of daily living, care planning, and ongoing evaluation of health status throughout the stay. Progress: Resident remained stable during stay with nursing needs address as ordered. Resident (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	email from the Ombudsman to the Administrator dated 06/15/26 revealed: Good morning [Administrator], This resident has filed an appeal. Thank you, . During interview on 06/30/26 at 10:30 AM with Confidential Resource revealed she was notified that as of 06/01/026 Resident #1 would be discharged from the facility on 06/19/26. Confidential Resource explained that a discharge with that short notice would not allow Resident #1 to be a safe discharge to include reasonable location, a caregiver or durable medical equipment in place. Confidential Resource further expressed the facility was notified that Resident #1 had an appeal filed on 06/15/26, which should have granted her the opportunity to remain in the facility while the appeal was being heard. The Confidential Resource stated Resident #1 was discharged to an unwanted location outside of the county away from family, with no bed, mechanical lift, or durable medical equipment in place. She stated upon Resident #1's arrival to a group home that she did not agree to go, she required the fire department's assistance to enter the home due to not having a mechanical lift, no medical bed leaving her to sleep painfully in a regular bed, and since then first month's rent, a 1200.00 check that had bounced. According to the Confidential Resource the facility was responsible for allowing Resident #1 to remain in the facility until a decision was made on her appeal, not doing so placed Resident #1 at risk of not being able to find a suitable location to discharge to. An attempt to interview Resident #1 on 06/30/26 was unsuccessful. During interview on 06/30/26 at 11:08 AM with Family Member revealed she had been notified Resident #1 was provided a discharge notice around the end of May 2026 for discharge date of 06/19/26 due to being behind on rent payment. The Family Member stated an appeal was completed on Resident #1's behalf on 06/15/26, however Resident #1 was discharged anyway. During interview on 06/30/26 at 11:30 AM with the Social Worker revealed that as of January 2026, Resident #1 was no longer medically necessary to remain in the facility, relocation meeting was set to take place on January 5, 2026, to begin her discharge planning. The Social Worker stated Resident #1 was doing well, then had a sudden decline, extending her coverage until May 1, 2026. The Social Worker stated Resident #1's coverage ended in April 2026, however the facility honored May 1st, 2026, coverage date allowing Resident #1 to become a private payer starting May 1, 2026. The Social Worker stated she and the Business Office Manager delivered the Medicaid denial notification letter and May 2026 billing to Resident #1 on May 06, 2026, and explained that no other nursing home would accept her without a payer source. The Social Worker stated due to her finances the contacted the group home, worked out a good deal for Resident #1 to relocate for 1200.00 monthly to include 3 hot meals, assistance with her activities of daily living, and medications. According to the Social Worker Resident #1's discharge meeting was completed May 26, 2026, and there was no request for an appeal. The Social Worker stated she does not get a direct notice if a resident requests an appeal, I believe the Ombudsman helped with an appeal and notified the facility. Residents have 90 days from the discharge letter to file an appeal. Residents could still be discharged for non-payment during the appeal process and if they win the appeal and would allow them to return. According to the Social Worker Resident #1 was not placed at risk being discharged prior to her appeal process; and resident did not want to be there. The Social Worker stated she ordered the durable medical equipment on 06/19/26 the day of the discharge. During interview on 06/30/26 at 12:20 PM with the Medical Director, she revealed she was aware Resident #1 was discharging the facility on 06/19/26. The Medical Director stated she visited with Resident #1 during her stay in the facility and Resident #1 has told her several times they are trying to get rid of me. The Medical Director stated she explained to Resident #1 she was doing well and there was no reason for her to remain in the facility. During interview on 06/30/26 at 12:47 PM, the Administrator revealed Resident #1 lost medical necessity to remain in the facility as of April 1. 2026, this led to failure to pay resulting in a discharge notice for nonpayment on May 20, 2026. According to the Administrator Resident #1 had made it very clear she did not want to remain in the facility, therefore her applied income was not taken in the hopes for her to have adequate funding to relocate to a group home found by the Social Worker. The Administrator stated, it was not until June 14, 2026, 5 days prior to Resident #1's discharge date that we were (continued on next page)

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